

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: VECTOR ANALYSIS OF HISTOGRAMS FOR  
UNITS OF A CONCEPT NETWORK IN SEARCH  
QUERY PROCESSING

Attorney Docket Number:: 17887-012300US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: India

Status: Full Capacity

Given Name: Shyam

Middle Name:

Family Name: Kapur

Name Suffix:

City of Residence: Sunnyvale

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 955 Escalon Ave. #309

City of Mailing Address: Sunnyvale

State or Province of mailing address: CA

Country of mailing address: US

Postal or Zip Code of mailing address: 94085

Applicant Authority Type: Inventor

Primary Citizenship Country: India

Status: Full Capacity

Given Name: Deepa

Middle Name:

Family Name: Joshi

Name Suffix:

City of Residence: Santa Clara

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 900 Pepper Tree Lane #1614

City of Mailing Address: Santa Clara

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95051

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	35,819	Philip H. Albert
Associate	51,588	Cathy E. Cretsinger

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::